

# SINGAPORE ACCIDENT STATEMENT

## IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Actual Driver
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. **Any false reporting may be referred to the Police for investigation.**
6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

## ACCIDENT STATEMENT

Date of First Submission .....	17/10/2024 11:20 (SGT)
Reported by .....	Actual Driver
Date of Accident .....	16/10/2024 16:15 (SGT)
Exact Location of Accident .....	Singapore
Additional Location Information .....	SLE Lamp post 395F
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	PC5643G
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### INSURED/POLICYHOLDER

Is company? .....	Yes
Name Of Registered Owner .....	DANISH TRANSPORT
Company Reg No .....	5XXXX447C
Email Address .....	connieN68@gmail.com
Mobile Phone No .....	(Phone) +65-88140339
Alternative Phone No .....	-

### VEHICLE PARTICULARS

Manufacturer .....	Toyota
Model .....	HIACE COMMUTER GL 3.0 AUTO
Variant .....	-
Exact purpose for which vehicle was being used at time of accident .....	-
Are you claiming under your own insurance policy for repair to your vehicle? .....	No - Claiming third party
Vehicle Category .....	Bus
Transmission .....	Auto
CC .....	2982
Vehicle Fuel .....	-
First Registration Date .....	-
Chassis no .....	-
Effective Date/Time of Ownership .....	-

### INSURANCE COMPANY

Name of Insurance Company .....	Income Insurance Limited
Policy Number / Cover Note Number .....	5129073575-01

### DRIVER

Name of Driver .....	Zaleha Binte Muhammad
NRIC No .....	SXXXX011Z
Date Of Birth .....	07/12/1958
Occupation .....	Outdoor
Driving Pass Date .....	03/05/1978
Driving License Pass Class .....	3
Driving License Validity .....	Valid
Driving experience .....	46 YEARS AND 5 MONTHS
Gender .....	Female
Mobile Number .....	(Phone) +65-88128797
Alt. Phone Number .....	-
Email Address .....	connieN68@gmail.com
Address .....	621B Edgefield Walk #17-59 S822621
Address complement .....	-
Postcode .....	-
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Employee
Does Driver Own Other Vehicles? .....	No
Vehicle Registration Number of Other Vehicle Owned by Driver .....	-
Insurance Company of Other Vehicle Owned by Driver .....	-

#### GENERAL INFORMATION OF THE ACCIDENT

Type of Accident .....	Chain Collision
Weather Conditions .....	Clear
Road Surface .....	Dry

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident? .....	No
Number of vehicles involved in the accident .....	3
Was anybody injured in the Accident? .....	Yes
Was any injured conveyed to hospital by ambulance? .....	No
Was any other vehicle or property damaged? .....	Yes
Number of Passengers (Including Driver) .....	11
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....	No
Translator's name .....	-
Translator's ID .....	-
Translator's phone number .....	-
Translator's email .....	-
Original language used in the statement .....	-

#### PASSENGER 1

Name .....	Unknown
Gender .....	Male

#### PASSENGER 2

Name .....	Unknown
Gender .....	Male

#### PASSENGER 3

Name .....	Unknown
Gender .....	Male

#### PASSENGER 4

Name .....	Unknown
Gender .....	Female

#### PASSENGER 5

Name .....	Unknown
Gender .....	Female

#### PASSENGER 6

Name ..... Unknown  
Gender ..... Female

PASSENGER 7

Name ..... Unknown  
Gender ..... Female

PASSENGER 8

Name ..... Unknown  
Gender ..... Female

PASSENGER 9

Name ..... Unknown  
Gender ..... Female

PASSENGER 10

Name ..... Unknown  
Gender ..... Female

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? ..... Yes  
Police Station Name ..... Punggol Neighbourhood Police Centre  
Police Station Phone No ..... (Phone) +65-18006049999  
Alt. Police Station Phone No ..... (Fax) +65-64468015  
Police Station Address ..... Blk 21A Tebing Lane Singapore 828837  
Was notice of intended Prosecution given? ..... No  
If yes, against whom? ..... -

#### CIRCUMSTANCES OF ACCIDENT

Refer to attached

#### ATTACHMENT(S)

Are accident photos available for attachment? ..... Yes  
Was there any video captured by Car Camera? ..... No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number ..... GBH5276Y  
Vehicle Manufacturer ..... -  
Vehicle Model ..... -  
Vehicle Variant ..... -  
Vehicle Colour ..... -  
Vehicle Category ..... Commercial vehicle  
Name of Driver ..... -  
Contact Number ..... -  
Address ..... -  
Address complement ..... -  
Postcode ..... -  
Insurance Company Name ..... -  
Nature Of Damage ..... -  
Details of property damaged in accident ..... -  
No. Of Passenger (Including Driver) ..... -

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number ..... GBE4611K  
Vehicle Manufacturer ..... -  
Vehicle Model ..... -  
Vehicle Variant ..... -  
Vehicle Colour ..... -

Vehicle Category .....	Commercial vehicle
Name of Driver .....	-
Contact Number .....	-
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	-

### INJURED PERSONS DETAILS

INJURED 1

Name of injured person .....	Zaleha Binte Muhammad
Gender .....	-
Phone No .....	-
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	-
Injured person in which vehicle? .....	PC5643G
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No

SKETCH PLAN

IMPORTANT NOTICE

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4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. **Any false reporting may be referred to the Traffic Police Department for investigation.**
6. This report will be forwarded by the insurers to the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

(a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:

(i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;

(ii) investigating the accident and/or my claims;

(iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;

(iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or

(v) complying with applicable law in administering, processing, handling and/or dealing with my claims.

(collectively the "Purposes")

(b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and

(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third-party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.



1100hrs.

17/10/2024

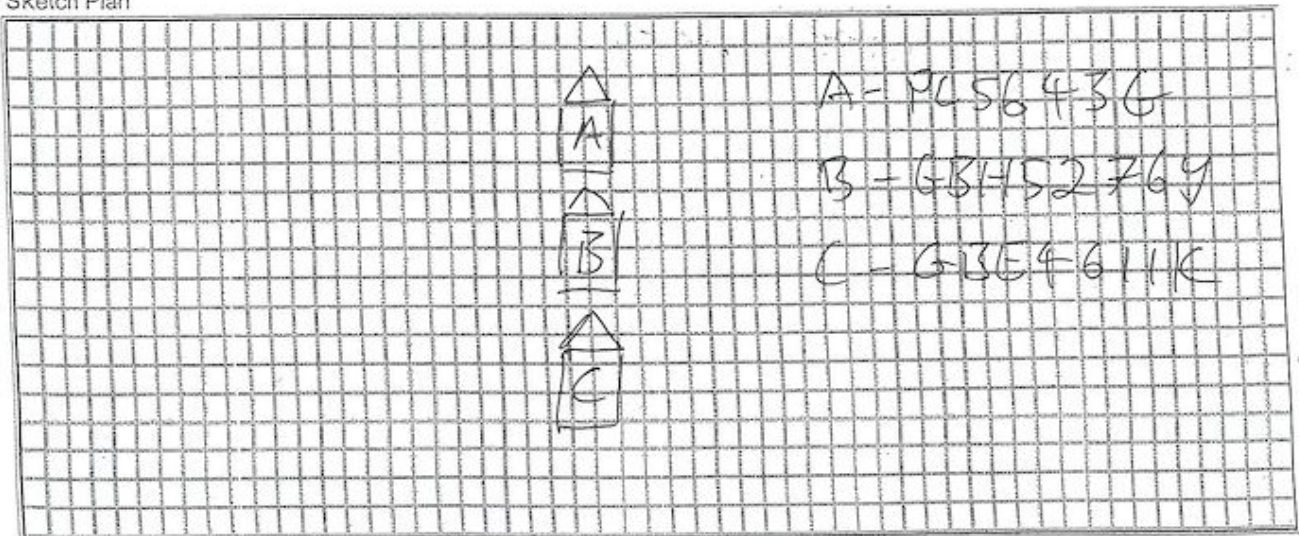
*[Signature]*

Policyholder's Signature / Date & Time

Actual Driver's Signature (if driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)

Sketch Plan



vJun2022

Describe Circumstance of the Accident

When travelling along the B65LE near  
 lamp post 395F, traffic slowed so I slowed down.  
 GBH5276Y then collided into the rear of my  
 vehicle. Subsequently GBE4611K also collided into  
 the rear of GBH5276Y.

Declaration

I/We declare the foregoing particulars are true in every respect.



1100hrs.  
17/10/2024.

ZL

Policyholder's Signature / Date & Time

Actual Driver's Signature (if driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)
































**SINGAPORE  
POLICE FORCE**


T/20241017/2019

Police Station Of Origin:  
Punggol N.P.C  
151 Punggol Central SINGAPORE 828727  
Tel No: 1800-6049999

1 of 3

Report No. T/20241017/2019

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 17/10/2024 10:04		Vide Report No.:		Station Diary No.: 18	
<b>Informant's Particulars</b>					
Name of Informant: ZALEHA BINTE MUHAMMAD			Address: 621B EDGEFIELD WALK #17-59 SINGAPORE 822621		
ID Type / ID No.: NRIC NO / S1332011Z			Contact No.: Home/Office:                      Mobile: 88128797		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Female	Age: 65	Date of Birth: 07/12/1958	Type of Informant: Driver		
Race: Malay			Language:		
Occupation: School Bus Driver			Driving Licence Information: Class: 3,4                      Date of Expiry:		

<b>General Information of the Accident</b>				
Type of Accident:	Non-injury	Drink Drive: No	Date/Time of Accident: 16/10/2024 16:15	Type of Location: Flyover
Location: SELETAR EXPRESSWAY Lamp Post Number: 395F				
Weather: Sunny		Road Surface: Dry		
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

<b>Details of Vehicle Involved</b>						
Vehicle No.	Type	Make	Model	Color	Conditio	No of Passenger
GBE4611K	Lorry				Seriously Damaged	0
GBH5276Y	Lorry				Seriously Damaged	1
PC5643G	Motor van				Seriously Damaged	10



**SINGAPORE  
POLICE FORCE**



T/20241017/2019

Police Station Of Origin:  
Punggol N.P.C  
151 Punggol Central SINGAPORE 828727  
Tel No: 1800-6049999

2 of 3

Report No. T/20241017/2019

CONTINUATION OF REPORT

**Brief Details.**

On 17/10/2024 at about 1615hrs While I was driving towards SLE from BKE, upon slowing down, I got hit by GBH5276Y which resulted in GBE 4611K also hit onto GBH5276Y.  
No one was conveyed and No police attended.



**SINGAPORE  
POLICE FORCE**



T/20241017/2019

Police Station Of Origin:  
Punggol N.P.C  
151 Punggol Central SINGAPORE 828727  
Tel No: 1800-6049999

3 of 3  
Report No. T/20241017/2019

CONTINUATION OF REPORT

Signature of Officer Recording The F / SGT 2 MEGALAA D/O S SILVA RAJU	
Signature Of Interpreter: Not applicable	
Officer In Charge Of Case: TP / GIA / SR STAFF SGT FAHKRUL RAZI BIN SUHAIME Contact No.: 65476404	

Signature Of Informant:	
Date/Time: 17/10/2024 10:04	
Classification Of Case:	

NP168



\$ 372 00  
61  
\$ 440

Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)  
MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960  
ROAD TRANSPORT ACT, 1987 (MALAYSIA)  
ROAD TRANSPORT (AMENDMENT) ACT, 2019 (MALAYSIA)  
MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number : S129073575-01 Cover : Third Party, Fire & Theft

- |  |                    |
|--|--------------------|
| 1. Index mark and Registration Number of Vehicle   | : PC5643G          |
| Chassis Number   | : KDH2230029084    |
| 2. Name of Policyholder  | : DANISH TRANSPORT |
| 3. Effective Date of Insurance   | : 21 Oct 2023      |
| 4. Expiry Date of Insurance  | : 20 Oct 2024      |
| 5. Persons or Classes of Persons entitled to drive*  |                    |
| (a) The Policyholder.  |                    |
| (b) Any other person who is driving on the Policyholder's order or with his/her permission.<br>Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle. |                    |
| 6. Limitations as to Use*  |                    |
| (a) Use for the carriage of passengers in connection with the Policyholder's business.   |                    |
| (b) Limited to carry 14 passengers   |                    |

This Policy does not cover

- (a) Use for racing, pace-making, reliability trial or speed-testing.
- (b) Use whilst drawing a trailer except the towing (Other than for reward) of any one disabled mechanically propelled vehicle.

\* Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

This Policy, the Schedule, Endorsement and the Certificate of Insurance are to be read together as one document.

GEOGRAPHICAL LIMIT	: WITHIN THE REPUBLIC OF SINGAPORE ONLY
EXCESS (SECTION I)	: N/A
EXCESS (SECTION II)	: S\$3,000
INSURE WITH COE	: YES
HIRE PURCHASE COMPANY	: MOTOR CREDIT PTE LTD
SUM INSURED	: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

I/We hereby Certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

Agency : THINK ONE AUTOMOBILE & TRADING PTE LTD (00000615443)  
Date of Issue : 18 Oct 2023 12:21 hrs

For INCOME INSURANCE LIMITED

Chief Executive